FORM D. 50000817

ED STATES CCHANGE COMMISSION 2000, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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| OMB | APPROVAL |
|-----|----------|
|     |          |

OMB Number: Expires:

3235-0076 May 31, 2005

Estimated average burden hours per form

| SEC USE  | ONLY        |
|----------|-------------|
| Prefix   | Serial      |
| DATE REG | CEIVED<br>L |

| Name of Offering (C) check if this is an amendment and name has changed, and indicate change.)  DB Noetic Global Diversified Trading Fund L.P. (the "Issuer") (Formerly known as Noetic Fund L.P.)           |   |  |  |  |  |
|--|---|--|--|--|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment   | Section 4(6) ULOE .                                   |  |  |  |  |
| A. BASIC IDENTIFICATION DATA   | ·   |  |  |  |  |
| Enter the information requested about the issuer   |   |  |  |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  DB NoeticGlobal Diversified Fund L.P. (Formerly known as Noetic Fund L.P.)                                       |   |  |  |  |  |
| Address of Executive Offices (Number and Street, City, State, ZIP Code) c/o GP Management IV, Ltd., Caledonian House, 69 Dr Roy's Drive, George Town, Grand Cayman, Cayman Islands                           | Telephone Number (Including Area Code) (345) 949-0050 |  |  |  |  |
| Address of Principal Business Operations (Number and Street, City, State, ZIP Code) Telephone Number (Including Area Code) (if different from Executive Offices) same as above same as above                 |   |  |  |  |  |
| Brief Description of Business To achieve capital appreciation through leveraged trading and investme of futures interests and other investments, possibly through investment in an offshore trading vehicle. | ent on a global basis in a diversified portfolio      |  |  |  |  |
| Type of Business Organization  corporation  limited partnership, already formed  other (please spec  | FROCESSED   |  |  |  |  |
| business trust limited partnership, to be formed   | JUL 25 2005   |  |  |  |  |
| Actual or Estimated Date of Incorporation or Organization:    Month Year   | Actual Estimated THOMSON FINANCIAL                    |  |  |  |  |

#### GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a star requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropria states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| A. B  | ASIC IDENTIFICATION DATA                          |                            |                                 |
|---|---|----------------------------|---------------------------------|
| 2. Enter the information requested for the following:   | •   |                            |                                 |
| Each promoter of the issuer, if the issuer has been org   | ganized within the past five years;               |                            | •                               |
| <ul> <li>Each beneficial owner having the power to vote or d<br/>the issuer;</li> </ul>                                 | ispose, or direct the vote or dispositio          | on of, 10% or more of a c  | class of equity securities of   |
| Each executive officer and director of corporate issue  | rs and of corporate general and manag             | ging partners of partnersh | ip issuers; and                 |
| Each general and managing partner of partnership iss  | uers.   |                            |                                 |
| Check Box(es) that Apply: Promoter Beneficia  | Owner Executive Officer                           | Director                   | General and/or Managing Partner |
| Full Name (Last name first, if individual) GP Management IV, Ltd. (the "General Partner")                               |   |                            |                                 |
| Business or Residence Address (Number and Street, City, State c/o Caledonian Bank & Trust Limited, Caledonian House,    | e, Zip Code)<br>69 Dr Roy's Drive, George Town, G | rand Cayman, Cayman        | Islands                         |
| Check Box(es) that Apply: Promoter Beneficia  | Owner Executive Officer                           | Director [                 | General and/or Managing Partner |
| Full Name (Last name first, if individual)  Deutsche Bank Trust Company Americas  |   |                            |                                 |
| Business or Residence Address (Number and Street, City, State 345 Park Avenue, 24th Floor, New York, New York 10019     | , Zip Code)                                       | ·                          |                                 |
| Check Box(es) that Apply: Promoter Beneficia  | Owner Executive Officer                           | Director [                 | General and/or Managing Partner |
| Full Name (Last name first, if individual) Caledonian Directors Limited   |   |                            | e e deservición                 |
| Business or Residence Address (Number and Street, City, State<br>c/o Caledonian Bank & Trust Limited, Caledonian House, |   | rand Cayman, Cayman        | Islands 1487                    |
| Check Box(es) that Apply: Promoter Beneficia  | Owner   | Director [                 | General and/or Managing Partner |
| Full Name (Last name first, if individual) Walker, David S.   |   |                            | 1445 ·                          |
| Business or Residence Address (Number and Street, City, State c/o Caledonian Bank & Trust Limited, 69 Dr Roy's Drive, ( |   | nan Islands                | t<br>Marit                      |
| Check Box(es) that Apply: Promoter Beneficia  | l Owner   | Director [                 | General and/or Managing Partner |
| Full Name (Last name first, if individual) Woodford, Ralph  |   |                            |                                 |
| Business or Residence Address (Number and Street, City, State c/o Caledonian Bank & Trust Limited, 69 Dr Roy's Drive, ( |   | nan Islands                |                                 |
| Check Box(es) that Apply: Promoter Beneficial   | Owner   | Director [                 | General and/or Managing Partner |
| Full Name (Last name first, if individual) McGrath, Bernard   |   |                            |                                 |
| Business or Residence Address (Number and Street, City, State c/o Caledonian Bank & Trust Limited, 69 Dr Roy's Drive, ( | •   | nan Islands                |                                 |
| Check Box(es) that Apply: Promoter Beneficial   | Owner   | Director [                 | General and/or Managing Partner |
| Full Name (Last name first, if individual) Stavish, Mark and Wendy  |   |                            |                                 |
| Business or Residence Address (Number and Street, City, State   | , Zip Code)                                       |                            |                                 |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|           |  |                             |  |  |  | INCORN                                       | LATION                     | DOUT OF                                    | CEDING                                 |                             |                              |                        |              |    |
|-----------|--|-----------------------------|--|--|--|--|----------------------------|--|--|-----------------------------|------------------------------|------------------------|--------------|----|
|           | <u></u>  |                             |  |  | В  | . INFORIV                                    | IA HUN A                   | BOUT OF                                    | ERING                                  |                             |                              |                        | YES          | NO |
| 1.        | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE. |                             |  |  |  |  |                            |  |  |                             | NO                           |                        |              |    |
| 2.        |  |                             |  |  |  |  |                            |  | ······································ | _\$250,0                    | 00*                          |                        |              |    |
| *         | * Subject to the discretion of the General Partner to lower such amount. 3. Does the offering permit joint ownership of a single unit?                             |                             |  |  |  |  |                            |  |  | YES                         | NO -                         |                        |              |    |
| 3.<br>4.  |  |                             |  |  |  |  |                            | paid or give                               |  |                             |                              |                        |              |    |
| <b>4.</b> | or sim<br>listed<br>of the   | ilar remune<br>is an associ | eration for<br>lated perso<br>lealer. If i | solicitation<br>on or agent<br>more than f | n of purcha<br>of a broker<br>five (5) per | nsers in con<br>r or dealer r<br>rsons to be | nection wit<br>egistered w | h sales of s<br>ith the SEC<br>sociated pe | ecurities in<br>and/or wit             | the offerir<br>h a state or | ng. If a per<br>states, list | rson to be<br>the name |              |    |
| Full N    | Vame (L  | ast name fir                | st, if indiv                               | ridual)                                    |  |  |                            |  |  |                             |                              |                        |              |    |
|           |  | ank Securi                  |  |  |  |  | ·                          |  |  |                             |                              |                        |              |    |
| Busin     | ess or R   | esidence A                  | ddress (Nu                                 | imber and S                                | Street, City                               | , State, Zip                                 | Code)                      |  |  |                             |                              |                        |              |    |
| 60 V      | Vall Str   | et, New Yo                  | ork, New                                   | York 1000                                  | 05   | <u> </u>                                     |                            |  |  |                             |                              |                        | <u> </u>     |    |
| Name      | of Asso  | ciated Brol                 | cer or Dea                                 | ler  |  |  |                            |  |  |                             |                              |                        |              |    |
|           |  |                             |  |  |  |  |                            |  |  |                             |                              |                        |              |    |
| States    |  | h Person L                  |  |  |  |  |                            |  |  |                             |                              | <u> </u>               |              |    |
|           |  | "All States                 |  |  |  |  | rı                         |  | וחכו                                   |                             |                              |                        | All States   | `  |
|           | [AL]   |                             | [AZ]                                       | (AR)                                       | [CA]                                       | [CO]   | [CT]                       | [DE]                                       | [DC]                                   | [FL]<br>[MI]                | [GA]                         | [HI]<br>[MS]           |              |    |
|           | [IL]<br>[MT]   | [IN]<br>[NE]                | [IA]<br>[NV]                               | [KS]<br>[NH]                               | [KY]<br>[NJ]                               | [LA]<br>[NM]                                 | [ME]<br>[NY]               | [MD]<br>[NC]                               | [MA]<br>[ND]                           | [OH]                        | [MN]<br>[OK]                 | [MS]                   | [MO]<br>[PA] |    |
|           | [RI]   | [SC]                        | [SD]                                       | [NT]                                       | [TX]                                       | [UT]   | (VT)                       | [VA]                                       | [WA]                                   | [WV]                        | [WI]                         | [WY]                   | [PR]         |    |
| E.,11 N   |  | est name fir                |  | <del>`</del> _                             | [174]                                      | [01]   | 1 ' ' '                    |  | [,,,,]                                 |                             | ( ' ' - ' )                  | [,, ,]                 | 12 (0)       |    |
| ruli      | vame (La   | ist name m                  | st, ii iiiuiv                              | iduai)                                     |  |  |                            |  | •                                      |                             |                              |                        |              |    |
| Deu       | tsche Ba   | nk Trust (                  | Company                                    | Americas                                   |  |  | **                         |  |  |                             |                              |                        |              |    |
| Busin     | ess or R   | esidence Ad                 | ddress (Nu                                 | imber and S                                | Street, City                               | , State, Zip                                 | Code)                      |  |  |                             |                              | •                      |              |    |
| 215       | Dork A.  | enue, 24 <sup>th</sup>      | Floor No                                   | w Voek N                                   | ow Vork                                    | 10010  |                            |  |  |                             |                              |                        |              |    |
|           |  | ciated Brok                 |  |  | ew lork                                    | 10017  |                            |  | <del></del>                            | <del></del>                 |                              |                        |              |    |
| ranic     | OI A330  | Clated Blok                 | ici oi Deai                                | ici .                                      |  |  |                            |  |  |                             |                              |                        |              |    |
| Ctatas    | in U/bia   | h Person L                  | inted Ung S                                | Soliaited or                               | Intende to                                 | Saliait Du                                   | ahaaara                    |  | <del></del>                            |                             |                              |                        |              |    |
| States    |  |                             |  |  |  |  |                            |  |  |                             |                              | [ ] All                | States (a)   | r  |
|           |  | [AK]                        |  |  |  | [CO]   | [CT]                       | [DE]                                       | [DC]                                   | [FL]                        | [GA]                         | [HI]                   | [ID]         |    |
|           | [IL]   | [IN]                        | [IA] :                                     | [KS]                                       | [KY]                                       | [LA]   | [ME]                       | [MD]                                       | [MA]                                   | [MI]                        | [MN]                         | [MS]                   | [MO]         |    |
|           | [MT]   | [NE]                        | [NV]                                       | [NH]                                       | [NJ]                                       | [NM]   | [NY]                       | [NC]                                       | [ND]                                   | [OH]                        | [OK]                         | [OR]                   | [PA]         |    |
|           | [RI]   | [SC]                        | [SD]                                       | [TN]                                       | [TX]                                       | [UT]   | [VT]                       | [VA]                                       | [WA]                                   | [WV]                        | [WI]                         | [WY]                   | [PR]         |    |
| Full N    | lame (La   | ist name fir                | st, if indiv                               | idual)                                     |  |  |                            |  |  |                             |                              |                        |              |    |
|           |  |                             | •  |  |  |  |                            |  |  |                             |                              |                        |              |    |
| Busin     | ess or Re  | sidence Ac                  | idress (Nu                                 | mber and S                                 | Street, City                               | , State, Zip                                 | Code)                      |  |  |                             |                              |                        |              |    |
|           |  |                             | `  |  |  | •  | •                          |  |  | •                           |                              |                        |              |    |
| Name      | of Asso  | ciated Brok                 | er or Deal                                 | er   |  |  | - F .                      |  |  |                             | <del></del>                  |                        |              |    |
| rvaine    | 0171330  | ciuted Brok                 | ici oi bua                                 |  |  |  | •                          |  | ů.                                     |                             |                              |                        |              |    |
| States    | in Whic  | h Person L                  | isted Has                                  | Solicited or                               | Intends to                                 | Solicit Pur                                  | chasers                    | <del></del>                                | <del></del>                            |                             | <del>,</del>                 |                        | · · · · · ·  |    |
|           |  | "All States                 | " or check                                 |  |  |  |                            |  |  |                             |                              | _                      | All States   |    |
|           | [AL]   | [AK]                        | [AZ]                                       | [AR]                                       | [CA]                                       | [CO]   | [CT]                       | [DE]                                       | [DC]                                   | [FL]                        | [GA]                         | [HI]                   | [ID]         |    |
|           | [IL]   | [IN]                        | [lA]                                       | [KS]                                       | [KY]                                       | [LA]   | [ME]                       | [MD]                                       | [MA]                                   | [MI]                        | [MN]                         | [MS]                   | [MO]         | •  |
|           | [MT]   | [NE]                        | [NV]                                       | (NH)                                       | [NJ]                                       | [NM]   | [NY]                       | (NC)                                       | [ND]                                   | [OH]                        | [OK]                         | [OR]                   | [PA]         |    |
|           | [RI]   | [SC]                        | [SD]                                       | [TN]                                       | [TX]                                       | [UT]   | [VT]                       | [VA]                                       | [WA]                                   | [WV]                        | [WI]                         | [WY]                   | [PR]         |    |

(a) Deutsche Bank Trust Company Americas is a division of a national bank and will offer and sell the securities in states where banks are excluded from th definition of "broker-dealer" or exempted from registration therefrom.

| Type of Security   | Aggregate<br>Offering Price                           | Amount Alread<br>Sold  |
|--|---|--|
| Debt   |   |  |
|  | \$0   | \$0  |
| Equity   | \$0   | \$0  |
|  |   |  |
| Convertible Securities (including warrants)  | \$0   | \$0  |
| Partnership Interests  | \$500,000,000(a)                                      | \$34,338,013.03  |
| Other (Specify)  | \$0   | \$0  |
| Total  | \$500,000,000(a)                                      | \$34,338,013.03  |
| Answer also in Appendix, Column 3, if filing under ULOE.   |   |  |
| Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."  | f   |  |
|  | Number<br>Investors                                   | Aggregate Dollar Amount of Purchases                                     |
| Accredited Investors   | 59  | \$34,338,013.03  |
| Non-accredited investors   | . 0   | \$0  |
| Total (for filings under Rule 504 only)  | N/A   | \$N/A  |
| Answer also in Appendix, Column 4, if filing under ULOE.   |   |  |
| If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold<br>by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale o   |   |  |
| securities in this offering. Classify securities by type listed in Part C - Question 1.  |   | Dollar Amount  |
|  | Type of<br>Security                                   | Dollar Amount<br>Sold  |
| securities in this offering. Classify securities by type listed in Part C - Question 1.  | Type of   |  |
| securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering  | Type of<br>Security                                   | Sold   |
| securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering Rule 505   | Type of<br>Security                                   | Sold<br>SN/A   |
| securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering Rule 505  Regulation A   | Type of<br>Security<br>N/A<br>N/A                     | Sold<br>SN/A<br>SN/A   |
| Securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering Rule 505   | Type of<br>Security<br>N/A<br>N/A<br>N/A<br>N/A       | Sold<br>SN/A<br>SN/A   |
| securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering Rule 505  Regulation A  Rule 504  Total  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar estimate and check the box to the left of the estimate.  Transfer Agent's Fees   | Type of Security N/A N/A N/A N/A N/A                  | Sold  SN/A  SN/A  SN/A  SN/A   |
| securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering Rule 505  Regulation A  Rule 504  Total  Total  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.   | Type of Security N/A N/A N/A N/A N/A                  | Sold  SN/A  SN/A  SN/A  SN/A   |
| securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering Rule 505  Regulation A  Rule 504  Total  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar estimate and check the box to the left of the estimate.  Transfer Agent's Fees   | Type of Security N/A N/A N/A N/A  N/A                 | Sold  SN/A  SN/A  SN/A  SN/A   |
| Type of offering Rule 505 Regulation A  Total  Total  Total  A. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  | Type of Security N/A N/A N/A N/A  N/A  N/A            | \$N/A<br>\$N/A<br>\$N/A<br>\$N/A<br>\$N/A                                |
| securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering Rule 505  Regulation A  Rule 504  Total  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees | Type of Security  N/A  N/A  N/A  N/A  N/A   N/A   N/A | \$01d<br>\$N/A<br>\$N/A<br>\$N/A<br>\$N/A<br>\$0<br>\$15,000<br>\$90,000 |
| Type of offering Rule 505 Regulation A Rule 504 Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar estimate and check the box to the left of the estimate.  Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)                | Type of Security  N/A  N/A  N/A  N/A  N/A             | \$0<br>\$15,000<br>\$90,000  |
| Type of offering Rule 505 Regulation A Rule 504 Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar estimate and check the box to the left of the estimate.  Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees   | Type of Security  N/A  N/A  N/A  N/A  N/A             | \$0\\ \$15,000\\ \$90,000\\ \$0\\ \$0                                    |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

reduced by the selling agents in their sole discretion.

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceed proceeds to the issuer." \$487,385,000 Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each 5. of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, & Payments to Affiliates Others Salaries and fees So ⊠ so Purchase of real estate So S \$0 **⋈** 50 S0 Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another **⊠** \$0 S 50 Repayment of indebtedness So **⊠** \$0 \$487,385,000 Other (specify): Portfolio Investments **⊠** \$0 S \$0 Column Totals So \$487,385,000 Total Payments Listed (column totals added) ..... \$487,385,000 D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice if filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type)                         | Signature   | Date                       |
|--|---|----------------------------|
| DB Noetic Global Diversified Trading Fund L.P. | heph world  | JUL 0 1 2005               |
| Name of Signer (Print or Type)                 | Title of Signer (Print or Type)                     |                            |
| Ralph Woodford                                 | Director of Caledonian Directors Limited, the Direc | tor of the General Partner |

#### ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).